

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31336**
Registrar's No. **7733**

FILED SEP 21 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE Mo b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 1/2 Mos	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		4860
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			d. STREET ADDRESS (If rural, give location) 327 Avenue H		
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) M	c. (Last) Broeckelmann		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH June 5, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) At home	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Xavier Witter		13b. MOTHER'S MAIDEN NAME Barbara Loetzberger		14. NAME OF HUSBAND OR WIFE George Broeckelmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George H Broeckelmann 7900 Fleta		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of descending Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Partial obstruction				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 3 days
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? 153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from 5:12 , 1950, to 8:30 , 1951, that I last saw the deceased alive on 8:29 , 1951, and that death occurred at 1:30A m.; from the causes and on the date stated above.			
23a. SIGNATURE Dr. W. J. Johnson		(Degree or title) MD	23b. ADDRESS 9505 Gravois		23c. DATE SIGNED 8-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/1/51	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. AUG 31 1951	REGISTRAR'S SIGNATURE Dr. Carl Smith	FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons	ADDRESS 7027 Gravois		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

W. G. Peterson

Signed.....

Student Embalmer

Licensed Embalmer No.

3767

P. O. Address

7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.